

County: Washburn
 SPOONER HEALTH SYSTEMS
 819 ASH STREET

Facility ID: 2330

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SPOONER 54801 Phone: (715) 635-2170
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? Yes
 Number of Beds Set Up and Staffed (12/31/01): 90
 Total Licensed Bed Capacity (12/31/01): 90
 Number of Residents on 12/31/01: 85

Ownership:
 Highest Level License: Non-Profit Corporation
 Operate in Conjunction with CBRF? Skilled
 Title 18 (Medicare) Certified? No
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 86

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)			
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	Yes					1 - 4 Years			32.9
Supp. Home Care-Personal Care	No					More Than 4 Years			44.7
Supp. Home Care-Household Services	No	Developmental Disabilities	2.4	Under 65	3.5				22.4
Day Services	No	Mental Illness (Org./Psy)	49.4	65 - 74	5.9				-----
Respite Care	No	Mental Illness (Other)	1.2	75 - 84	27.1				100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	51.8	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	11.8	Full-Time Equivalent			
Congregate Meals	No	Cancer	1.2		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/01)			
Other Meals	No	Cardiovascular	11.8	65 & Over	96.5	-----			
Transportation	Yes	Cerebrovascular	10.6		-----	RNs			14.3
Referral Service	No	Diabetes	4.7	Sex	%	LPNs			4.2
Other Services	No	Respiratory	3.5		-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	15.3	Male	24.7	Aides, & Orderlies			
Mentally Ill	No		-----	Female	75.3				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care							
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0.0	0	1	1.7	118	0	0.0	0	2	7.4	119	0	0.0	0	0	0.0	0	3	3.5
Skilled Care	0	0.0	0	44	75.9	104	0	0.0	0	16	59.3	102	0	0.0	0	0	0.0	0	60	70.6
Intermediate	---	---	---	12	20.7	85	0	0.0	0	9	33.3	85	0	0.0	0	0	0.0	0	21	24.7
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	1	1.7	104	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.2
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		58	100.0		0	0.0		27	100.0		0	0.0		0	0.0		85	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	9.7	Daily Living (ADL)	Independent			
Private Home/With Home Health	8.1	Bathing	2.4	90.6	7.1	85
Other Nursing Homes	9.7	Dressing	11.8	71.8	16.5	85
Acute Care Hospitals	71.0	Transferring	42.4	32.9	24.7	85
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	29.4	45.9	24.7	85
Rehabilitation Hospitals	0.0	Eating	75.3	20.0	4.7	85
Other Locations	1.6	*****				
Total Number of Admissions	62	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	2.4	Receiving Respiratory Care		12.9
Private Home/No Home Health	6.3	Occ/Freq. Incontinent of Bladder	44.7	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	14.1	Occ/Freq. Incontinent of Bowel	27.1	Receiving Suctioning		0.0
Other Nursing Homes	4.7			Receiving Ostomy Care		1.2
Acute Care Hospitals	3.1	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	9.4	Receiving Mechanically Altered Diets		22.4
Rehabilitation Hospitals	1.6					
Other Locations	1.6	Skin Care		Other Resident Characteristics		
Deaths	68.8	With Pressure Sores	7.1	Have Advance Directives		91.8
Total Number of Discharges		With Rashes	3.5	Medications		
(Including Deaths)	64			Receiving Psychoactive Drugs		62.4

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility	Other Hospital-Based Facilities		All Facilities	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.6	88.1	1.08	84.6	1.13
Current Residents from In-County	82.4	83.9	0.98	77.0	1.07
Admissions from In-County, Still Residing	38.7	14.8	2.61	20.8	1.86
Admissions/Average Daily Census	72.1	202.6	0.36	128.9	0.56
Discharges/Average Daily Census	74.4	203.2	0.37	130.0	0.57
Discharges To Private Residence/Average Daily Census	15.1	106.2	0.14	52.8	0.29
Residents Receiving Skilled Care	74.1	92.9	0.80	85.3	0.87
Residents Aged 65 and Older	96.5	91.2	1.06	87.5	1.10
Title 19 (Medicaid) Funded Residents	68.2	66.3	1.03	68.7	0.99
Private Pay Funded Residents	31.8	22.9	1.39	22.0	1.44
Developmentally Disabled Residents	2.4	1.6	1.50	7.6	0.31
Mentally Ill Residents	50.6	31.3	1.62	33.8	1.50
General Medical Service Residents	15.3	20.4	0.75	19.4	0.79
Impaired ADL (Mean)*	42.1	49.9	0.84	49.3	0.85
Psychological Problems	62.4	53.6	1.16	51.9	1.20
Nursing Care Required (Mean)*	5.9	7.9	0.74	7.3	0.80